



Please type a plus sign (+) inside this box ·

OR

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION (37 CFR 1.63)

☑ Declaration

required)

Submitted after Initial

Filing (surcharge

(37 ČFR 1.16 (e))

a valid OMB control number.

□ Declaration

Submitted

with Initial

PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

> **CALY-012** Attorney Docket Number Patrick A. Worfolk **First Named Inventor COMPLETE IF KNOWN** 10 **Application Number** 056,178 January 22, 2002 Filing Date 2662 **Group Art Unit**

My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
MULTI-PATH DYNAMIC ROUTING ALGORITHM									
the specification of which (Title of the Invention) Is attached hereto OR									
was filed on (MM/DD/YYYY) 01/22/2002 as United States Application Number or PCT International									
cable).									
Application Number 10/056,178 and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
ed?									
ed?									
ed?									
ed?									

Examiner Name

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box -

PTO/SB/01 (12-97)
s sign (+) inside this box

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

a valid OMB control number.

DECLARATION -**Utility or Design Patent Application** I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. **U.S. Parent Application or PCT Parent** Parent Filing Date **Parent Patent Number** Number (MM/DD/YYYY) (if applicable) 09/589,631 06/07/2000 Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten and Trademark Office connected therewith: X Customer Number 003897 Place Customer OR Number Bar Code Registered practitioner(s) name/registration number listed below Label here Registration Registration Name Name Number Number Thomas Schneck 24,518 David M. Schneck 43,094 Mark Protsik 31,788 Nissa Strottman P-52,257 Gina McCarthy 42,986 Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: 🗶 Customer Number 003897 OR X Correspondence address below or Bar Code Label Thomas Schneck Name P.O. Box 2-E Address <u>Address</u> San Jose CA 95109-0005 City State 7IP USA 408/297-9733 408/297-9748 Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Soie or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Patrick A. Worfolk inventor's ats Signature Date Campbell CA U.S.A. U.S.A. Residence: City Countr Citizenship 1526 Redding Park Lane Post Office Address Post Office Address Campbell CA 95008 U.S.A. Country Additional inventors are being named on the _____supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

[Page 2 of 2]





Please type a plus sign (+) inside this box -> | +

PTO/SB/02A (3-97)
sign (+) inside this box + + Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

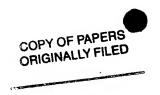
DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								rentor		
Given Name (first and middle [if any])				Family Name or Sumame						
Serge				Plotkin						
Inventor's Signature				Date						
Residence: City	Belmont	State	CA	Country U.S.A.				Citizens	hip	U.S.A.
Post Office Address	2428 Coronet Blvd.									
Post Office Address										
City	Belmont	State	CA		ZIP	94002	Count	y U.S	Α.	
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								rentor		
Given Na	me (first and middle [if any])		Family Name or Surname						
Shmu	el		(Ravid-Rabinovitz						
inventor's Signature								Da	te	
Residence: City	Jerusalem	State		С	ountry	Israel		Citize	nship	
Post Office Address	36 Harav Berlin Stre	et								
Post Office Address										
City	Jerusalem	State			ZIP	92506	Cou	intry	srael	
Name of Addition	nal Joint Inventor, if an	y:			A petitic	on has been file	ed for t	his unsigr	ned inv	entor/
Given Na	me (first and middle [if any])				Family Na	me or	Surname		
Itai				Aaronson						
Inventor's Signature								Da	te	
Residence: City	Belmont	State	CA	A Country U.S.A. Citizenship				U.S.A.		
Post Office Address	2328 Wooster Avenue							-		
Post Office Address		_								
City	Belmont	State	CA		ZIP	94002		Country U.S.A		S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box -> +

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

a valid OMB control number. **Attorney Docket Number CALY-012 DECLARATION FOR UTILITY OR** Patrick A. Worfolk **First Named Inventor DESIGN** COMPLETE IF KNOWN PATENT APPLICATION **Application Number** 10 056,178 (37 CFR 1.63) January 22, 2002 Filing Date Declaration ☑ Declaration 2662 OR Submitted after Initial **Group Art Unit** Submitted Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
MULTI-PATH DYNAMIC ROUTING ALGORITHM									
the specification of which (Title of the Invention)									
is attached hereto									
U. .	MM 01/22/2002	as United	d States Applicati	on Number or P	CT International				
		s amended on (MM/DD∕∕∕	m [(if applicable).				
I hereby state that I have rev	iewed and understand the d	contents of the above identi	·	, including the c	taims, as				
amended by any amendmen	t specifically referred to abo	W8.							
I acknowledge the duty to dis	sclose information which is r	naterial to patentability as	defined in 37 CFI	R 1.56.					
certificate, or 365(a) of any F	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application		Foreign Filing Date	Priority		py Attached?				
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES	NO NO				
				님	H				
					ă				
	tion numbers are listed on a				reto:				
I hereby claim the benefit un			application(s) lis	ted below.					
Application Number(s) Filing Date	e (MM/DD/YYYY)	numbe supple	onal provision ers are listed c emental priorit SB/02B attach	on a y data sheet				
5	1	1							

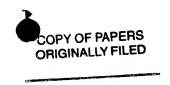
[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED

AUG 2 1 2002





Please type a plus sign (+) inside this box = +

PTC/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Utility or Design Patent Application DECLARATION -I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. **Parent Patent Number U.S. Parent Application or PCT Parent** Parent Filling Date (If applicable) Number (MM/DD/YYYY) 09/589.631 06/07/2000 Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pater and Trademark Office connected therewith: Customer Number Place Customer 003897 Number Bar Code Label here Registered practitioner(s) name/registration number listed below Registration Registration Number Number Thomas Schneck 24,518 David M. Schneck 43,094 Mark Protsik 31,788 Nissa Strottman P-52,257 Gina McCarthy 42,986 Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: K Customer Number 003897 OR X Correspondence address below or Bar Code Label Thomas Schneck Name P.O. Box 2-E Address Address CA 95109-0005 San Jose City State ZIP USA 408/297-9748 408/297-9733 Country Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if anv]) Family Name or Surname Patrick A. Worfolk Inventor's Date Signature **CA** U.S.A. U.S.A. Campbell Residence: City Country 1526 Redding Park Lane **Post Office Address Post Office Address** 95008 Campbell CA U.S.A. Country

[Page 2 of 2]

Additional inventors are being named on the 1_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



COPY OF PAPERS ORIGINALLY FILED

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)

sign (+) inside this box → + Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

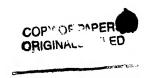
DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:										
Given Na	me (first and middle [if any	1)			Family Name or Sumame					
Serge	•				Plotkin					
Inventor's Signature			Mark 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			Date				
Residence: City	Belmont	State	CA	c	Country U.S.A.			Citizens	hip	U.S.A.
Post Office Address	2428 Coronet Blvd.									
Post Office Address								-	· · · · · · · · · · · · · · · · · · ·	
City	Belmont	State	CA		ZIP	94002	Country	U.S.	Α.	
Name of Addition	nal Joint Inventor, if ar	ıy:			A petitio	n has been file	d for thi	is unsign	ed inv	entor
Given Na	en Name (first and middle [if any]) Family Name or Sumame									
Shmu	lel				Ravid-Rabinovitz					
Inventor's Signature	Showel a	Rai	vid					3/2	/20	02
Residence: City	Jerusalem	State			Country	Israel		Citizer	nship	102 Israeli
Post Office Address	36 Harav Berlin Str	eet								
Post Office Address		<u>.</u>								
City	Jerusalem	State			ZIP	92506	Coun	try (srael	
Name of Addition	nal Joint Inventor, if ar	ıy:			A petitic	on has been file	d for th	is unsigr	ed in	ventor
Given Na	me (first and middle (if any	1)				Family Na	me or S	umame		
Itai						Aarons	on			
Inventor's Signature								Da	te	
Residence: City	Burlingame	State	CA	Country U.S.A. Chitzenship			nship	U.S.A.		
Post Office Address	1210 Bellevue Avenue, Apt. 204									
Post Office Address										
City	Burlingame	State	CA	ZIP 94010 Country L			U.S	S.A.		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box -

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0851-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

□ Declaration Submitted with Initial Filing

Declaration
Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	CALY-012						
First Named Inventor	Patrick A. Worfolk et al.						
COMPLETE	IF KNOWN						
Application Number	10 / 056,178						
Filing Date Ja	anuary 22, 2002						
Group Art Unit							
Examiner Name							

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
MULTI-PATH DYNAMIC ROUTING ALGORITHM									
the specification of which (Title of the Invention) is attached hereto OR									
•••	01/22/2002	as United	d States Applica	tion Number or PC	CT International				
Application Number 10	/056.178 and v	vas amended on (MM/DD/Y)	m		(if applicable).				
amended by any amendm	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
certificate, or 365(a) of an America, listed below and h	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, isted below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	y Attached?				
	cation numbers are listed on				to:				
	under 35 U.S.C. 119(e) of a		application(s) lis	sted below.					
Application Numbe	r(s) Filing Dat	e (MM/DD/YYYY)	numbe supple	onal provisional ars are listed on emental priority SB/02B attached	a data sheet				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED

AUG 2 1 2002

OFFICE OF PETITIONS





Please type a plus sign (+) inside this box 🔫 📘 +

Inventor's

Signature

Residence: City

Post Office Address Post Office Address Campbell

Campbell

1526 Redding Park Lane

CA

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. Parent Patent Number **U.S. Parent Application or PCT Parent Parent Filing Date** (MM/DD/YYYY) (if applicable) Number 09/589,631 06/07/2000 Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pata and Trademark Office connected therewith: X Customer Number Place Customer 003897 OR Registered practitioner(s) name/registration number listed below Number Bar Code Registration Registration Name Name Number Number Thomas Schneck David M. Schneck 24,518 43,094 Mark Protsik 31.788 Gina McCarthy 42,986 John P. McGuire, Jr. 41,984 Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: X Custorrier Number 003897 OR X Correspondence address below or Bar Code Label **Thomas Schneck** Name P.O. Box 2-E Address Address CA San Jose 95109-0005 City ZIP USA 408/297-9748 408/297-9733 Country Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Sumame Patrick A. Worfolk

[Page 2 of 2]

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

95008

CA

RECEIVED

Date

U.S.A.

U.S.A.

U.S.A.

AUG 2 1 2002



Please type a plus sign (+) Inside this box → +

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1 **DECLARATION**

				_							
Name of Additional Joint Inventor, if any:											
Given Name (first and middle [if any])				Family Name or Sumame							
Serge				Plotkin					1		
Inventor's Signature	Date										
Residence: City	Belmont	State	CA	Country U.S.A.			Citizen	ship	U.S.A.		
Post Office Address	2428 Coronet Blvd.	2428 Coronet Blvd.									
Post Office Address											
City	Belmont	State	CA		ZIP	94002	Count	_{ry} U.S	U.S.A.		
Name of Additional Joint Inventor, if any:											
Given Na	me (first and middle [if any])			I		Family Na	me or	Sumame			
Shmu	Shmuel Ravid-Rabinovitz										
Inventor's Signature				Date							
Residence: City	San Francisco	State	CA	١	Country	U.S.A.		Citize		U.S.A.	
Post Office Address	111 Chestnut Street	, Apt.	303								
Post Office Address		· · · · · · · · · · · · · · · · · · ·	·		····	·					
City	San Francisco	State	CA		ZIP	94111	Cou	ntry	U.S.A		
Name of Addition	nal Joint Inventor, if an	y:			A petitio	on has been file	ed for t	his unsig	ned inv	ventor	
Given Na	me (first and middle [if any])					Family Na	me or	Sumame			
Itai						Aaron	nson				
Inventor's Signature	LUE							D	nte	8/14/02	
Residence: City	Burlingame	State	CA	A Country U.S.A. Citizenship			nship	υ. κ .			
Post Office Address	1210 Bellevue Avenue, Apt. 204										
Post Office Address			····								
City	Burlingame	State	CA	ZIP 94010 Country U.S.A				. A .			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark. Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED

AUG 2 1 2002